# 1000002469

### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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Casual Labor Forces Incorporated SUBJECT: \_

(Proposed corporate name - must include suffix)

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Enclosed is an original and one (1) copy of the articles of incorporation and a check \$131.25 for: \$122.50 \*| \$78.75 \$70.00 Filing Fee. Filing Fee Certified Copy Filing Fee & Certified Copy Filing Fee & Certificate & Certificate Additional Copy Required

> V. Balletto & Assoc., FROM: Name (printed or typed) 3956 Town Center Blvd. #165 Address. Orlando, FL 32837 City, State & Zip (407)248-9877 Daytima Telephone number

> > T. Burch MAR 1 0 2000

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLEI

The name of the corporation shall be:

Casual Labor Forces Incorporated

PRINCIPAL OFFICE ARTICLE II The principal place of business and mailing address of this corporation shall be:

> PO Box 771523 Orlando, FL 32877

> > SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

> Vincent Balletto 3956 Town Center Blvd. #165 Orlando, FL 32837

#### INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Valentina Eddy PO Box 771523 Orlando, FL 32877

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of \_\_March (An additional article must be added if an effective date is requested.) Signature Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:		Casual Labor Forces Incorporated							
2. The name and a	address of the reg	istered agen	at and offi	ce is:					
•	Vincent	/incent Balletto (NAME)					SECRETARY TALLAHASSE	00 MAR	-44
	3956 Tov	vn Center Box or Mail D	Blvd.	#165 DT accepta	BLE)		ARY OF S ASSEE, FL	-3 AM 8	LEU
•	Orlando	, FL 3283 (Cir.	37 <b>y/state/Z</b> ii	P)		<del></del>	OF STATE E, FLORIDA	8: 06	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE)

(DATE)